

2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 13, 2005
Secretary of State**

DOCUMENT# P14040

Entity Name: KILGORE GROUP, INC.

Current Principal Place of Business:

4700 FOREST DRIVE
SUITE 202
COLUMBIA, SC 29202 US

New Principal Place of Business:

Current Mailing Address:

435 ELM STREET
CINCINNATI, OH 45202

New Mailing Address:

FEI Number: 57-0834351 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MD () Delete
Name: SABO, ELIAS J
Address: 61 WILTON RD 2ND FLOOR
City-St-Zip: WESTPORT, CT 06880

Title: DS () Delete
Name: MASSOUD, JOSEPH I
Address: 61 WILTON RD 2ND FLOOR
City-St-Zip: WESTPORT, CT 06880

Title: V () Delete
Name: PEAGLER, PENNIE C
Address: 61 WILTON RD 2ND FLOOR
City-St-Zip: COLUMBIA, SC 29206

Title: TREA () Delete
Name: AGLINSKY, WILLIAM E
Address: 435 ELM STREET
City-St-Zip: CINCINNATI, OH 45202

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P () Change (X) Addition
Name: KOHNKE, FREDRICK L
Address: 435 ELM ST., SUITE 300
City-St-Zip: CINCINNATI, OH 45202

Title: AS () Change (X) Addition
Name: BERNARD, KATHRYN
Address: 435 ELM ST., SUITE 300
City-St-Zip: CINCINNATI, OH 45202

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHRYN BERNARD

AS

04/13/2005

Electronic Signature of Signing Officer or Director

Date